

# EMPLOYEE INFORMATION SHEET

Complete this form for each employee

## General Information

Employee Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

Birth Date MM\_\_\_\_/DD\_\_\_\_/YYYY\_\_\_\_  
Hire Date MM\_\_\_\_/DD\_\_\_\_/YYYY\_\_\_\_  
Social Security # \_\_\_\_\_  
Gender  Male  Female

## Direct Deposit Information

Will this employee be paid by direct deposit?

- Yes. (Please complete the Authorization For Direct Deposit form)  
 No

## Tax Information

Please attach or specify the following information for this employee:

- Attach completed federal Form W-4
- Attach completed state withholding form (*Only applicable in states with income tax, and if filing status/allowances are different from federal*)
- Specify any payroll taxes that this employee is exempt from, such as state unemployment, Social Security, or Medicare:  
\_\_\_\_\_

- Specify any local taxes that need to be withheld from this employee's paycheck:  
\_\_\_\_\_

## Notes

## Pay Information

Which types of pay does this employee receive?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Salary \$_____ per _____ | <input type="checkbox"/> Overtime Pay    | <input type="checkbox"/> Clergy Housing (Cash)       |
|   | <input type="checkbox"/> Double Overtime | <input type="checkbox"/> Clergy Housing (In-Kind)    |
| Hourly Rates (up to 8 different rates)            | <input type="checkbox"/> Sick Pay        | <input type="checkbox"/> Bereavement Pay             |
| <input type="checkbox"/> \$_____/ hour            | <input type="checkbox"/> Holiday Pay     | <input type="checkbox"/> Group Term Life Insurance   |
| <input type="checkbox"/> \$_____/ hour            | <input type="checkbox"/> Vacation Pay    | <input type="checkbox"/> S-Corp Owners Health Ins.   |
| <input type="checkbox"/> \$_____/ hour            | <input type="checkbox"/> Bonus Pay       | <input type="checkbox"/> Personal Use of Company Car |
| <input type="checkbox"/> \$_____/ hour            | <input type="checkbox"/> Commission      | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> \$_____/ hour            | <input type="checkbox"/> Allowance       |  |
| <input type="checkbox"/> \$_____/ hour            | <input type="checkbox"/> Reimbursement   |  |
| <input type="checkbox"/> \$_____/ hour            | <input type="checkbox"/> Cash Tips       |  |
| <input type="checkbox"/> \$_____/ hour            | <input type="checkbox"/> Paycheck Tips   |  |

Pay Frequency	Payday Details
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	Date(s) or Day(s) employees are paid _____ <i>(Examples: 1<sup>st</sup> and 15<sup>th</sup> of month, every other Friday, every Monday)</i>  Period Covered _____ <i>(Examples: Pay on the 1<sup>st</sup> covers the 16<sup>th</sup> to the end of the prior month, pay on a Friday covers the last Friday payday to the current Friday payday)</i>

## Payroll Deductions

Select the voluntary deductions that apply and enter the \$ or % amount deducted from each paycheck.

Deduction	\$ Amount or % of Gross	Deduction	\$ Amount or % of Gross
<input type="checkbox"/> Pre-tax medical <input type="checkbox"/> Pre-tax vision <input type="checkbox"/> Pre-tax dental <input type="checkbox"/> Taxable medical <input type="checkbox"/> Taxable vision <input type="checkbox"/> Taxable dental <input type="checkbox"/> Traditional 401(k) <input type="checkbox"/> Roth 401(k)		<input type="checkbox"/> 403(b) <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Medical Expense FSA <input type="checkbox"/> Dependent Care FSA <input type="checkbox"/> Health Savings Account <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Other _____	

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?

- Yes (Attach copies of all garnishment orders)  
 No

## Sick and Vacation Time

If this employee earns paid time off, complete this section; otherwise, leave blank.

### Sick Pay

Total Hours Earned Per Year \_\_\_\_\_  
 Carryover Hours \_\_\_\_\_ Yes \_\_\_\_\_ No  
*(if yes, total hours allowed for carryover \_\_\_\_\_)*

Current Balance \_\_\_\_\_

Hours are accrued:

- As a lump sum at beginning of year  
 As a lump sum on hire anniversary date  
 Each pay period  
 Each hour worked

### Vacation Pay

Total Hours Earned Per Year \_\_\_\_\_  
 Carryover Hours \_\_\_\_\_ Yes \_\_\_\_\_ No  
*(if yes, total hours allowed for carryover \_\_\_\_\_)*

Current Balance \_\_\_\_\_

Hours are accrued:

- As a lump sum at beginning of year  
 As a lump sum on hire anniversary date  
 Each pay period  
 Each hour worked

## Notes